DIS 1G Issued: 09/08

## Louisiana Department of Social Services Office of Family Support

UNITED STATES DEPARTMENT OF AGRICULTURE FOOD AND CONSUMER SERVICES

## APPLICATION FOR DISASTER FOOD STAMP ASSISTANCE

(PURSUANT TO 7 CFR 280)

We will consider all applicants without regard to color, race, sex, handicap, religion, national origin or political belief.

## DO NOT WRITE IN SHADED AREAS.

For Office Use Only				
Disaster #:	200801			
Application Date:				
Parish of Residence #: (Parish of residence when disaster occurred)				
Number in Household:				
EBT Card #:				

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any requested information, it will not be eligible to receive food stamps. When you are interviewed, you must show proof of your identity. You may be required to show proof that your household lived in the disaster area at the time of the disaster. You can authorize someone outside your household to apply for, get, or use disaster food stamp benefits on your behalf.

Head of Household:		Verified	Authorized Representative:			
Home Address at time of disaster:			Address and Telephone Number where you live now (if different):			
City:	State: Zip Code:		City: State: Zip Code:			Code:
Phone Number:			Mailing Address (if d	ifferent):		
Parish at time of disaster:  City: State:			State:	Zip Code:		
	Part A -	Household Situati	ion		YES	NO
Was your household living in the disaster area at the time of the disaster?						
If yes, please answer the following questions:						
a. Does	a. Does your household plan to buy food before the end of the disaster benefit period (09/27/08)?					
b. Did y	b. Did you lose food as a result of the disaster?					
<ul> <li>Did the disaster damage or destroy your home or self-employment property? If yes, briefly explain:</li> </ul>						
d. Did the disaster delay, reduce, or stop your household's income?						
e. Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster and the ATM is not working?						
	f. Does your household have any additional expenses as a result of the disaster? <b>If yes</b> , briefly explain:					
County/ 2. Are you a current food stamp participant? If so, State: Parish:						
List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. List each household member's social security number (SSN), if available, date of birth, sex, and race.						

- DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED.
- IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.

PART B - HOUSEHOLD MEMBERS (Attach paper for more space)						
First Name / Last Name	Social Security Number	Birth Date	Sex	Race		

		RT C - INCOME					
List the source and amount of take-home pay and any other income your household members have received or expect to receive beginning 8/29/08 through 9/27/08.							
Receive	ed by	Employer/S	ource/Type	Amount			
List all money your hous		Γ D – RESOURCES to during the disaste		9/08 through 9/27/08).			
	Amou	nt					
Cash on hand							
Checking accounts							
Savings accounts							
Cavings accounts							
	PART E - PENALTY WARNING						
If your household gets food stamps, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food stamps to make sure you were eligible for disaster aid.							
DO NOT give false information or hide information to get or to continue to get food stamps.  DO NOT give or sell food stamps or authorization documents to anyone not authorized to use them.  DO NOT alter any food stamps or authorization document to get food stamps you are not entitled to.  DO NOT use food stamps to buy unauthorized items such as alcohol or tobacco.  DO NOT use another household's food stamps or authorization document for your household.							
	PART F - CERT	<b>IFICATION AND SI</b>	GNATURE				
I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.  REQUIRED SIGNATURES: APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)							
Applicant	Date	Authorized F	Representative (See note)	Date			
Witness (if anyone signed with an	X) Date	OFS Employ	/ee? ☐ Yes ☐	] No			
Worker	Date		ger or Designee (If Requir	,			
<b>Note:</b> If the applicant chooses to have an authorized representative apply for him, both the applicant <b>AND</b> the authorized representative must sign this form <b>OR</b> the applicant must sign a statement giving the authorized representative permission to apply on his behalf.							
Note: Disaster Food Stamp benefits expire 90 days after they are issued. Any benefits that are unused after 90 days will be lost and cannot be reinstated.							